



# VILLAGE OF TOWER LAKES

## BUILDING PERMIT APPLICATION

|                   |
|-------------------|
| PERMIT NUMBER     |
| PERMIT ISSUE DATE |

|                      |           |                                     |           |
|----------------------|-----------|-------------------------------------|-----------|
| PROPERTY ADDRESS     |           |                                     |           |
| PROPERTY OWNER       |           | APPLICANT (IF DIFFERENT FROM OWNER) |           |
| PROPERTY OWNER EMAIL |           | APPLICANT EMAIL                     |           |
| PROPERTY OWNER PHONE | ALT PHONE | APPLICANT PHONE                     | ALT PHONE |

|  |   |
|--|---|
| PLEASE CHECK ONE:<br><input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration | NOTE:<br>Demolition Permits <b><i>will not</i></b> be issued until a Building Permit has been approved by the Building Inspector. |
|--|---|

|   |
|---|
| PROJECT DESCRIPTION (Please be as specific as possible) |
|   |
|   |

|                    |         |                    |                           |
|--------------------|---------|--------------------|---------------------------|
| GENERAL CONTRACTOR | ADDRESS | PHONE              | LICENSE #                 |
| ELECTRICIAN        | ADDRESS | PHONE              | LICENSE #                 |
| PLUMBER            | ADDRESS | PHONE              | LICENSE #                 |
| TOTAL SQ. FOOTAGE  | STORIES | NUMBER OF BEDROOMS | NUMBER OF BATHROOMS       |
|                    |         |                    | ESTIMATED COST OF PROJECT |
|                    |         |                    | \$                        |

No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not, shall permit or relieve the applicant from constructing work in any other manner than that provided for in the ordinance of The Village of Tower Lakes relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

| FOR OFFICE USE ONLY |          |
|---------------------|----------|
| Fee Schedule        |          |
| Permit Fee          | \$ _____ |
| Road Fee            | \$ _____ |
| Other               | \$ _____ |
| Total Permit Fee    | \$ _____ |
| Date Paid           | _____    |
| Check #             | _____    |
| Received by         | _____    |

|                              |            |
|------------------------------|------------|
| SIGNATURE OF APPLICANT _____ | DATE _____ |
|------------------------------|------------|

| PERMIT EXPIRATION           | PERMIT ISSUED BY MUNICIPAL AGENT: |
|-----------------------------|-----------------------------------|
| Permit expires on:<br>_____ | Name _____<br>Date _____          |

**FOR INSPECTIONS CALL: 847-529-8470**